Analysis of Primary & Secondary Data to Support a Business Case for a Local Service Provision
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The Need for Intervention

Community healthcare has a number of benefits. Most importantly, treating patients in their homes and in the communities where they are comfortable.

Improvements in treatments and technology mean more people than ever before can be effectively treated in their own home. Not only does this provide faster and more convenient care for patients, it also comes at a lower cost to the NHS.

Across Fleetwood CCG evidence indicated patients’ healthcare needs were not being fully met as a number of patients did not attend their first or follow-up appointments, for a variety of reasons; a main one being the distance that patients had to travel to access the current service.

The Challenges

- Extensive secondary care data was not recorded in primary care computer medical.
- Required cross-service data to accurately inform the commissioning process in particular:
  - Secondary care referrals.
  - Accident and emergency admissions.
  - Outpatient appointments.
  - Elective and non-elective admissions.
- Overcome systems to efficiently integrate secondary care systems.
- Matching primary & secondary care records.
- Complexity of data extracted needed considerable manipulation in using a variety of software.

Oberoi Consulting were appointed to carry out an in-depth analysis of both secondary and primary care data; to inform a business case, considering provision of local urology services.

Robust data was needed to inform the CCG and quantify:
- The patients who currently use secondary services.
- Associated costs to create a thorough business case.
- Expected patient demand for locally based services.
Solution

- Defined the datasets required for the analysis.
- Audit conducted on patients with either benign prostatic hypertrophy, lower urinary tract disorders, overactive bladder, related signs and symptoms, pelvic floor bladder training and medication.

Secondary care systems were analysed for:

- Urology admissions in the last 12 months.
- Gynae outpatient data
- Patients that “Did Not Arrive” (DNA’s)
- Searches were created utilising GP clinical system to enable the practice to repeat these at a later stage.
- Presentation of the baseline data to the working group to inform next steps and the provision of a local server.

Results

- FCCG staff trained on how to export secondary care data.
- Appropriate patients identified for referral to a local urology pilot project.
- 12 patients diagnosed with benign prostatic hypertrophy and 98 patients with overactive bladder as a result of findings.
- Identified patients who did not attend their initial urology appointment or follow up appointments.
- Data updated for all patients who had been admitted and did not have an entry in the primary care system.

Outcomes

- Reduced the overall cost of the service to the NHS
- CCG used analysis to strengthen business case for pilot project for local urology service
- Enabled more patients to be treated locally which reduced DNAs

Reference:
1. Full breakdown of attendance, costs and specialty are available upon request from Oberoi Consulting